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INITIAL LISTING OF NONAPPROPRIATED FUND INSTRUMENTALITIES

DATE

REQUIREMENT CONTROL
SYMBOL LABOR-1006

For use of this form, see AR 215-3; the proponent agency is DCSPER.

TO: (Employment Security Agency) (Address & ZIP Code)

FROM: (Include ZIP Code)

In accordance with the request of the Bureau of Employment Security of the US Department of Labor,
listed below are the nonappropriated fund instrumentalities operated by this organization in your state.

NAME, ADDRESS, & ZIP CODE OF EACH FUND <i>a</i>	MAJOR ACTIVITY OF FUND <i>b</i>	ADDRESS AND ZIP CODE OF RESPONS- IBLE MONITORING AGENCY <i>c</i>

TYPED NAME AND TITLE OF AUTHENTICATING OFFICER

SIGNATURE